

State of Alaska Commercial Vehicle Enforcement 11900 Industry Way M2 Anchorage, AK 99515 PH (907) 365-1228 FX (907) 365-1243

UNIFIED CARRIER REGISTRATION FORM - Year 2013

To register online go to $\underline{WWW.UCR.IN.GOV}$

SECTION 1. GENERAL INFORMATION											
USDOT Number		MC or MX Number	MC or MX Number FF Number		Telephone Number	relephone Number			Fax Number		
LeadNess											
Legal Name E-Mail Address											
Doing Business Under The Following Name (DBA)											
Principal Place Of Business Street Address (See Instructions)											
Principal Business City Principal Business State Zip Code											
,				Timeipai Dusmess state				Zíp Cod	sip code		
Mailing Street Address											
Mailing City			<u>.</u>	Mailing State				Mailing Zip Code			
SECTION 2. CLASSIFICATION – Check All That Apply											
☐ Motor Carrier ☐ Motor Private Carrier ☐ Broker ☐ Leasing Company ☐ Freight Forwarder											
SECTION 3. FEES DUE-BROKERS, FREIGHT FORWARDERS AND LEASING COMPANIES ONLY Note: If your company is also a motor carrier or motor private carrier, skip this section and go to section 4.											
Brokers, freight forwarders and leasing companies (not combined with a motor carrier entity), please submit the amount due of \$76 in the form of payment acceptable											
by your base state and go to Section 7. SECTION 4. NO. OF MOTOR VEHICLES—MOTOR CARRIER & MOTOR PRIVATE CARRIER											
Check only one box:											
Option A The number of vehicles shown below has been taken from section 26 of your last reported MCS-150 form. Option B The number of vehicles shown below is the total number owned and expented for the 12 months as it is a fine 100 and 1											
Option B The number of vehicles shown below is the total number owned and operated for the 12-month period ending June 30, 2013 See Instructions for additional requirements if you select Option B.											
LINE	INE NUMBER OF STRAIGHT TRUCKS NUMBER OF MOTOR COACHES, SCH								TOTAL		
NO.		CTORS (COLUMN A)	(Co	OLUMN B)	BUSES, MINI-BUSE			ES	(COLUMN D)		
1.	(COLUMN C)								1		
2.	Subtract:										
	(A) The number of vehicles on Line 1 in Column C above that has a vehicle capacity of 10 or less passengers, including the driver.										
	(B) (Optional)The number of vehicles on Line 1 in Column A above that are used exclusively in intrastate transportation.							ion			
	You are required to maintain a list of vehicles excluded under this option. See Instructions for additional requirements if you select this option.							its	()		
	(Optional) Add a number of vehicles not shown on Line 1 above that are:										
	(A) Commercial motor vehicles operating exclusively in intrastate commerce. (See instructions for definition of commercial motor vehicle.)										
3.	·										
	(B) Used in commerce to transport passengers or property for compensation and have a GVWR or GVW of 10,000 lbs or less, or a passenger capacity of 10 or less, including the driver.							sor			
4. Total Number of Vehicles (Line 1 minus Line 2 plus Line 3)											
SECTIO	SECTION 5. FEE TABLE										
Number of Vehicles Amount Due		Amount Due	Nu	ımber of Vehicles	Amount Due	<u>. </u>	Number of Vehicle	es	Amount Due		
0-2		\$76		6-20	\$452		101-1000		\$7,511		
3-5 \$227 21-100 \$1,576 1001 or more									\$73,346		
SECTION 6. FEES DUE – MOTOR CARRIER & MOTOR PRIVATE CARRIER Using the number of vehicles in Section 4, Line 4 above, enter the Amount Due from the table above.											
Note: See last page of this pamphlet for the types of payment your selected base state will accept.											
SECTION 7. CERTIFICATION I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on											
behalf of the applicant. (Penalty provisions subject to the laws of the registration state.)											
Name Of Owner Or Authorized Representative (Printed)								D	ate		
Signature						Title					
~											